

Opponents of health care reform want to do everything they can to keep it from happening. The insurance and pharmaceutical companies and their allies don't want reform; they want to keep making outrageous profits.

One of the tactics they use is to make deliberately false allegations about what the bill would do. They claim it would ration care, force euthanasia, eliminate private insurance forever, and on and on. As someone who has read the entire 1018 page bill, I can tell you that these claims are untrue. Below I have compiled a list of all of the misinformation and wild allegations I have received from constituents about what is in the bill and separate the fact from the fiction. Check back often as I will be updating this space frequently. And as always, if you have any questions or concerns, [email me](#) .

Myth: *Members of Congress are exempt from the government-run health care option.*

Fact: No one would be forced into the public option including members of congress. It is an option. For people who already have health insurance, nothing will change. For those who do not have insurance they will be able to go to a marketplace known as the exchange where there will be a number of private insurance plans available for purchase. One of those options would be the public one. No one has to choose it if they don't want it. A CBO report recently concluded that only 11 million people would choose to be in the public plan, less than 4% of all insured Americans. Furthermore, **Members of Congress' health care plan will be subject to the same reforms as all other employer-sponsored plans. Nothing in the legislation exempts the Federal Employee Health Benefits plan from the reforms.**

By the end of 2018, all employer-sponsored health insurance plans will have to meet at least the same basic minimum standards of coverage as those insurance plans as offered through the exchange. These minimum standards include coverage for preventative care, inpatient and outpatient hospital services, maternity care, and mental health services, among others.

The FEHB will also follow these rules

Myth: *The plan cuts Medicare and takes away choices for millions of seniors. Seniors will pay more for less care.*

Fact: Medicare is strengthened. It increases reimbursements to doctors, especially in rural areas, fixes the doughnut hole, eliminates co pays and deductibles for preventative services, and extends its solvency by at least 5 years due to eliminating waste and abuse.

Myth: *People claim that advance care planning consultations encourage "euthanasia" and are "mandatory every five years."*

Fact: The provision in question, based on legislation introduced by Earl Blumenauer, simply allows Medicare to pay for a conversation between patients and their doctors if the patient wishes to speak about his or her preferences and values. Many private plans offer this benefit. This benefit would be purely voluntary
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and patients do not need to have this consultation with their doctor if they do not wish to do so. The new Medicare benefit would simply allow doctors to be compensated for these conversations every five years, and more frequently if a patient has a life-limiting illness or health status changes. This provision has had bipartisan support for years.

Myth: *The bill would allow the government to fund abortions.*

Fact: There is currently a ban on any federal funds to be used to pay for abortions (The Hyde Amendment). This bill would not alter that ban. The word abortion does not appear anywhere in it. In order to remove all doubt, during the House Energy and Commerce Committee markup, an amendment was added that would specifically bar federal funds to be used for abortion services in any private or public insurance plan.

Myth: *The bill would allow illegal immigrants to get health insurance.*

Fact: Illegal immigrants are ineligible for federal health programs under current law. This will not change. Furthermore, section 246 of the bill specifically states that no federal insurance subsidies shall be allowed for illegal immigrants. The official CBO analysis says the bill would not cover illegal immigrants.

Myth: *Health reform means bureaucrats will ration health care.*

Fact: The House proposal will expand and improve the availability of quality health care for all Americans, not ration it. Under this proposal, doctors, nurses and patients will make medical decisions, not big insurance companies or the government. Republicans content with the status quo want to leave patients at the mercy of big insurance companies that make decisions to protect profits not patients.

Myth: *Millions of Americans will be forced out of their current plans.*

Fact: This myth was created from a debunked Lewin Group study that Republicans have been parroting. The Lewin group is a wholly owned subsidiary of UnitedHealthcare, the country's largest private insurance company and their studies have always conveniently favored the insurance industries positions. The study in question, which claimed over a hundred million people would be forced off of private insurance and into the private plan, was based on a "public plan" that was nothing like the one in the House bill. The nonpartisan CBO report that *did* study the actual public plan from the house bill concluded that 2/3rds of the people who choose insurance through the exchange would choose private insurance, and only 1/3rd would choose to be on the public option.

Myth: *The health reform bill will add to the deficit*

Fact: Unlike President Bush's trillion dollar tax cuts or his \$800 billion Medicare part D bill written by and for the pharmaceutical industry, this bill will be fully paid for and not add to the deficit. 2/3rds of those cost will be through savings like reducing fraud and abuse, lowering

costs through increased competition and penalties for people who do not get insurance, and 1/3rd

will be through increased revenue on the nation's wealthiest Americans (only 2100 families in the district would pay this tax, meaning 99.7% of taxpayers in Oregon's 4th district would not be affected

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Myth: *The bill would force people off private insurance and into the public option*

Fact: May people have gotten this idea that people will be forced into a public plan from an *Investor's Business Daily*

which claimed that H.R. 3200, America's Affordable Health Choices Act, includes "a provision making individual private medical insurance illegal." H.R. 3200 sets a new level of minimum standards for all health insurance plans. The bill will enable you to get insurance even if you have a pre-existing condition and protect you from losing your insurance if you get sick. These reforms are supported by not just democrats but many republicans too. The bill would allow existing employer based health insurance plans a five year grace period after which they must adopt these new standards. The provision to which the editorial referred is section 102 of the legislation, entitled "

PROTECTING THE CHOICE TO KEEP CURRENT COVERAGE".

That section simply prevents new enrollment in an existing employer based plan that have yet to meet the new standards. New enrollees must go into a plan that meets the new standards.

The choice between a private plan

or

the public plan option is entirely up to the individual. N

o one is being forced into any specific public or private plan. The bill is about giving people a variety of choices between qualified plans.

Myth: *The 10th amendment to the constitution makes it unconstitutional for the federal government to get involved in health care.*

Fact: The tenth amendment reads as follows: *The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.*

Some people believe that this means the federal government is unconstitutionally expanding its powers into all sorts of realms, health care being one of them. They believe this should be left up to the states according to the 10th amendment. It is the

Commerce Clause ("

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Congress shall have power to regulate commerce with foreign nations, and among the several states, and with the Indian tribes;"

) that has become the constitutional basis for a significant portion of the laws passed by the Congress over the last fifty years, and it currently represents one of the broadest bases for the exercise of congressional powers, from environmental law, to banking, and to health care. The Supreme Court has ruled on this expanded interpretation of the commerce clause in a number of cases. This clause supersedes the 10th

amendment.

Myth: *The bill would get rid of my HSA (Health savings account)*

Fact: The average HSA currently offered by employers meets or exceeds the minimum benefit standard laid out in HR 3962.

Myth: *I received a long email going around that makes a series of claims about sections of the bill including funding ACORN, providing insurance to illegals and rations your health care. is this true?*

Fact: The email is full of distortions and flat out falsehoods from beginning to end. Normally you would ignore it as you would any other spam email, but just to be sure, [here is a point by point refutation of every claim made in the email](#)

Myth: *The bill would cut my veterans health care.*

Fact: The bill does not affect veterans care at all. In fact, President Obama's recent budget expanded coverage under the VA, extending care to over a half of a million veterans who were previously excluded.

Myth: The bill would give the government access to my bank account!

Fact: The bill would not give anyone access to your bank account. The bill includes a provision that will make it easier for you to pay your premiums by giving you options, including paying by check or electronic payment, the same way millions of people pay their phone bills.